PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09901929

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY									
TOTAL CLAIMS			10					RATE	FEE		RATE	FEE								
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00								
TOTAL CHARGEABLE CLAIMS			<i>Ô</i> minus 20=		· Ø			X\$ 9=		OR	X\$18=									
INDEPENDENT CLAIMS					· Ø			X40=		OR	X80=									
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=									
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	335		TOTAL									
	CI	LAIMS AS A	MENDED	- PAR	T II	•					OTHER	THAN								
			(Colu		(Column 3)	<u>_</u>	SMALL E	NTITY	OR	SMALL	1									
AMENDMENT A	A STATE OF THE STA	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***	T OL ALM	=	┨╏	X40=	,	OR	X80=									
	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDEN	CLAIM		<u>ا</u> ل	+135=		OR	+270=									
							l	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE			ADDIT: I EE									
AMENDMENT B	רד יידידי ני וי	CLAIMS REMAINING AFTER AMENDMENT	24	HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***		=		X40=		OR	X80=									
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	****								
							İ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
		(Column 1)		(Colu	ımn 2)	(Column 3)		AUDIT. PEET	<u></u>		ADDIT: TEE									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	da	HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=	. '	OR	X\$18=									
	Independent	*	Minus	***	IT CL AIM]=	4	X40=		OR	X80=									
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE		II CLAIN	<u> </u>		+135=		OR	+270=									
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL									
***	If the "Highest Nu	ımber Previously F	aid For" IN TH	IS SPACE	is less th	an 3, enter "3."	,	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												